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PTO/959530 (10-01)

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<p>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</p> <p>Address to: Commissioner for Patents Box RCE Washington, DC 20231</p>	Application Number	10/034,041
	Filing Date	December 20, 2001
	First Named Inventor	J. Conroy
	Art Unit	3643
	Examiner Name	D. Ark
	Attorney Docket Number	CONROY-1

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. [Submission required under 37 CFR 1.114]

a. [] Previously submitted

i. [] Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____

(Any unentered amendment(s) referred to above will be entered)

ii. [] Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. [] Other _____

b. [X] Enclosed

i. [X] Amendment/Reply

ii. [] Affidavit(s)/Declaration(s)

iii. [] Information Disclosure Statement (IDS)

iv. [] Other _____

2. [Miscellaneous]

a. [] Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(b) required)

b. [] Other _____

3. [Fees] The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. [X] The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-2468

i. [X] RCE fee required under 37 CFR 1.17(c)

ii. [] Extension of time fee (37 CFR 1.136 and 1.17)

iii. [] Other _____

b. [] Check in the amount of \$385.00 enclosed

c. [] Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	WILLIAM COLLARD	Registration No. (Attorney/Agent)	38411
Signature	<i>William Collard</i>		
Customer No. 25889	CERTIFICATE OF FAX TRANSMISSION		
I hereby certify that this correspondence is being sent by facsimile transmission to the U.S.P.T.O. to Patent Examiner <u>D. Ark</u> at Group 3643, to 1-703-872-9327 on May 12, 2004			

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